



ONLINE EDUCATION CREDITS PROGRAM also known as Online Continuing Education Program NON-MEMBER ASSOCIATE AND STUDENT SUBSCRIPTION VERIFICATION FORM

Please use the **Fill & Sign** feature to complete all fields. For instructions/details see: <https://helpx.adobe.com/reader/using/fill-and-sign.html>
Questions? Please contact membership@aapm.org for help with this form.

INSTRUCTIONS:

Step 1: To be completed by the subscriber. Steps 2 – 4: to be completed by the subscriber’s supervisor, manager, program director, or advisor. In order to qualify for the Non-Member Associate or Student subscription category, it is necessary to fully complete this form, and return it to the subscriber so they may provide it to the AAPM Membership Manager.

STEP 1: SUBSCRIBER’S DETAILS

| | | |
|------------------|--------------|----------------|
| First Name | | Last Name |
| Email | Office Phone | Fax |
| Address | | |
| City | | State/Province |
| Country | Zip | |
| Institution Name | | |

STEP 2: SUBSCRIBER'S ROLE

Please tick ONE statement that BEST applies to the subscriber.

- Postdoctoral Research Associate or Fellow
- Resident
- Medical Physics Certificate Program Student
- Medical Physicist Assistant
- Clinical Engineer
- Graduate / Undergraduate Student

STEP 3: YOUR ROLE

I am the subscriber's supervisor, manager, program director, or advisor. Yes No

STEP 4: SIGN AND RETURN

By signing below, Subscriber and Program Director/Supervisor hereby affirm and certify that the above information is complete, true, and correct. Both parties understand that any misrepresentation or falsification will be subject to review by AAPM Ethics Committee.

| | |
|---------------------------------------|------|
| Registrant Signature | Date |
| Program Director/Supervisor Signature | Date |

Please remember that it is mandatory that the subscriber return this completed form to membership@aapm.org.